

(1) PLACE OF BIRTH

County of Fairfield
Township of X. 9
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 1708 Registered No. 6
(For use of Local Registrar)

File No.—For State Registrar Only
4069

(2) Full Name of Child

George Robert (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 7 (6) Are Parents Married no (7) DATE OF BIRTH Feb 10, 1922
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Peter Robert
(9) PRESENT POSTOFFICE OF FATHER Bookman St.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE Fairfield Co S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 12

MOTHER

(15) NAME BEFORE MARRIAGE Bessie Burdette
(16) PRESENT POSTOFFICE OF MOTHER Bookman St.
(17) COLOR OR RACE color (18) AGE AT LAST BIRTHDAY 33
(19) BIRTHPLACE Fairfield Co S.C.
(20) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Pollock
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Boonville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 27 is signed by mar)

(27) Filed Mar 8, 1922 (28) P. C. Ruff Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If no child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.